

IDAHO DEPARTMENT OF COMMERCE & LABOR  
**PREVAILING WAGE DETERMINATION REQUEST**  
 FOR NONAGRICULTURAL ALIEN LABOR PROGRAMS

*Note: It is not necessary to use this form to obtain a prevailing wage determination for positions covered by the Davis-Bacon or McNamara-O'Hare pay scale or by a collective bargaining agreement. The wages that are indicated in these pay scales or contracts are the prevailing wages.*

1.	<b>Visa Type</b> Permanent H-1B--Specialty Occupations H-2B--Temporary Nonagricultural Labor	2.	<b>Name of Alien: LAST NAME, First Name</b>
3.	<b>Name of Employer/Firm</b>	4.	<b>Job Site Location City/County (if known)</b>
5.	<b>Contact person for further job information (if needed)</b>	6.	<b>Contact Phone Number</b>
7.	<b>Job Title</b>	8.	<b>Wage Offered \$ _____ per</b>
9.	<b>Job Description</b> Description of the Job to be Performed ( <i>equipment used, products made, services rendered, etc. ( if possible, avoid extremely technical terminology Attach extra sheet if necessary.</i> )		
10.	<b>Other Special Requirements of the Position</b>		

**MINIMUM Education, Training, and Experience Required**

11.	<b>Minimum Education:</b>			
12.	<b>Training (other than formal education)</b>	Yrs.	15.	<b>Number of Employees Alien Will Supervise</b>
13.	<b>Experience</b>	Yrs.	16.	<b>Job Title of Alien's Immediate Supervisor</b>
14.	<b>Certification or Licensure (other than required by State of Idaho)</b>	17.	<b>Suggested SOC/O*Net Code (optional):</b>	

<b>Mail To:</b> _____ <b>or</b> <b>FAX To:</b> _____  Prevailing Wage Specialist (208) 334-6455 Research & Analysis Bureau Idaho Department of Commerce & Labor 317 W Main Street Boise, ID 83735  <b>Direct Questions Regarding This Form To:</b>  Prevailing Wage Specialist <b>or</b> Toll Free (208) 332-3570 x3203 1 (800) 772-2553	<b>Wage Determination will be faxed to:</b>  <b>Name:</b> _____ <b>Company:</b> _____ <b>Address</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____ <b>e-mail</b> _____
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**Office Use Only**

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